



**POST OFFICE
TO ADDRESSEE**



EL545793153US

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**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE**

Customer Copy
Label 11-F, July 1997

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code 44115	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 12-18-00	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Mo. Day Year 12 18 00	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Time In 4:48	Int'l Alpha Country Code	COD Fee Insurance Fee
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
Weight lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees \$
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. X441972	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE () FAY SHARPE ET AL 1100 SUPERIOR AVE E FL 7 CLEVELAND OH 44114-2518 XER 2 0351	TO: (PLEASE PRINT) PHONE () ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON DC 20231-9999 BOX PATENT APPLICATION
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EXHIBIT

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